EXHIBIT A: Applicant Checklist

APPLICANT INFORMATION

Employee ID: _____   RN Hire Date: _____

Job Title: _____

Full Name: _____

Last   *First*   *M.I.*

Credentials: _____

Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____

Department/ Unit Name   *Dept. #*   *Campus Location*

Phone: _____   Email _____

Level Applied for: ☐ Diamond   ☐ Gold   ☐ Silver   ☐ Bronze

	YES	NO
One (1) year nursing experience as an RN at Deaconess?	☐	☐
1000 or greater patient care hours worked in the previous 12 months?	☐	☐
Annual performance evaluation must meet job standard with no unsatisfactory ratings?	☐	☐
No corrective warnings in the previous 12 months	☐	☐

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and will submit my portfolio to the Ambassador for initial review no later than December 1st after my annual performance evaluation.

Applicant Signature: _____   Date: _____

I have reviewed with the Applicant his or her readiness to apply for the PDP Core and Elective Grid (Exhibit D), and have verified the above evaluation information:

☐ Applicant is **NOT READY** to apply at this time   ☐ Applicant is **READY** to apply

FMLA Return Date (if applicable): _____

Department Manager Signature: _____   Date: _____

PDP AMBASSADOR REVIEW

(Each portfolio review must be completed within 7 days of receipt)

PDP Ambassador Signature: _____ Date /Time Submitted: _____

PDP Chairperson Signature: _____